

ATTACHMENT A

PLEASE DO NOT ATTACH RELEASE FORM TO ARTWORK

No. _____
Art _____
Craft _____

Missouri Mental Health Foundation and Department of Mental Health
**2010 DIRECTOR'S CREATIVITY SHOWCASE
RELEASE FORM**

I do ____ do not ____ give my permission for my artwork submission to the Director's Creativity Showcase to be displayed if chosen for the traveling show in any venue or area designated for general public viewing.

I understand that by signing below:

- I am giving up any right to hold the person(s), partnership, or corporation in charge of the display area liable for any damages and/or loss of my artwork.
- I am giving permission to the Missouri Mental Health Foundation and the Department of Mental Health to use images of my artwork for educational and promotional materials.

Artist Name: _____

Artist Signature/or Guardian: _____

Witness: _____

Facility Name: _____

Facility Street Address City State Zip Code:

Date Signed: _____

NOTE: Please have release form signed and submit to:

Office of Public Affairs
Department of Mental Health
1706 E. Elm Street
Jefferson City, MO 65101

This event is sponsored by the Missouri Mental Health Foundation, the Department of Mental Health.